

**DECLARATION AND POWER OF ATTORNEY
FOR UTILITY PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below, next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Internet Telephony System With Automated Call Answering

the specification of which

is attached hereto.

was filed on _____ as Application Serial No. _____ and was
amended on _____

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I do not know and do not believe that the same was ever known or used in the United States of America before my invention thereof, or patented or described in any printed publication in any country before my invention thereof of more than one year prior to this application, and said invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representatives or assigns more than twelve months prior to this application.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56(a).

I hereby claim the benefit under Title 35, United States Code, Section 119, of any foreign application(s) for patent or inventor's certificate listed below and also identified below any foreign application for patent or inventor's certificate having filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

(Number)	(Country)	(Date Filed)	Yes	No
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(Number)	(Country)	(Date Filed)	Yes	No
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I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below, and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.) (Filing Date) (Status)

(Application Serial No.) (Filing Date) (Status)

I hereby claim the benefit under 35 U.S.C. Section 119(e) of any United States provisional application(s) listed below:

(Applicant No.) (Filing Date)

I hereby appoint Timothy D. Casey, Reg. No. 33,124; Michael Melton, Reg. No. 32,276; Deborah Miller, Reg. No. 37,679; Ruben DeLeon, Reg. No. 37,812, Carl Evans, Reg. No. 33,874 as my attorneys and Satheesh Karra, Reg. No. 40,246 my agent with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected herewith and Erik B. Cherdak, Reg. No. 39,936 my attorney of Erik B. Cherdak & Associates located at 711 Chestertown Street, North Potomac, Maryland 20878 Telephone (301) 990-7700.

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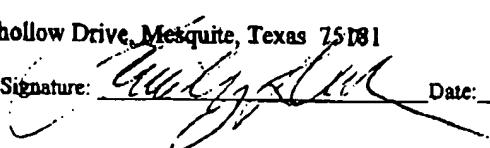
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I hereby declare that all statements made herein of my knowledge are true and that all statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Sole or First Inventor: Timothy Culver

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Citizenship: USA

Signature:  Date: 11/2/98

Full Name of Second Joint Inventor:

P.O. Box/Residence Address:

Citizenship:

Signature: _____ Date: _____